

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/593063**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		⊙				
5		⊙				
6		⊙				
7		⊙				
8		⊙				
9		⊙				
10		⊙				
11		⊙				
12		⊙				
13		⊙				
14		⊙				
15		⊙				
16		⊙				
17		⊙				
18		⊙				
19		⊙				
20		⊙				
21		⊙				
22		⊙				
23		⊙				
24			1			
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47						
48						
49						
50						
TOTAL IND.	1	↓	1	↓	0	↓
TOTAL DEP.	23	←	22	←	0	←
TOTAL CLAIMS	24		23		0	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	